## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                             |                                   |                                      |           |                 |          |
|---|-----------------------------------|--------------------------------------|-----------|-----------------|----------|
| 1 Date of Request: 10-25-04 2 Serial/Patent # 09/942,10/  |                                   |                                      |           |                 |          |
| 3 Please refund the following fee(s):                     |                                   | 4 PAP<br>NUM                         | ER<br>BER | 5 DATE<br>FILED | 6 AMOUNT |
|   | Filing                            |                                      |           |                 | \$       |
|   | Amendment                         |                                      |           |                 | \$       |
| X   | Extension of Time                 | IF                                   | W         | 8-11-04         | \$ [/0   |
|   | Notice of Appeal/Appeal           |                                      |           |                 | \$       |
|   | Petition                          |                                      |           |                 | \$       |
|   | Issue                             |                                      |           |                 | \$       |
|   | Cert of Correction/Terminal Disc. |                                      |           |                 | \$       |
|   | Maintenance                       |                                      |           |                 | \$       |
|   | Assignment                        |                                      | :         |                 | \$       |
|   | Other                             | I                                    |           | PP BY           | \$       |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND          |           |                 | \$ 110   |
|   |                                   | 8 TO BE REFUNDED BY:                 |           |                 |          |
| 10 REASON:  |                                   | Treasury Check                       |           |                 |          |
|   | Overpayment                       | Credit Deposit A/C #:  9 5 0 0 4 / 7 |           |                 |          |
| X   | Duplicate Payment                 |                                      |           |                 |          |
|   | No Fee Due (Explanation):         |                                      |           |                 |          |
| was paid on 4-804   |                                   |                                      |           |                 |          |
|   |                                   |                                      |           |                 |          |
|   |                                   |                                      |           |                 |          |
| 11 REFUND REQUESTED BY:                                   |                                   |                                      |           |                 |          |
| TYPED/PRINTED NAME:STEVEN Brantley TITLE: Vetition'S Atty |                                   |                                      |           |                 |          |
| SIGNATURE: PHONE: $272-3203$                              |                                   |                                      |           |                 |          |
| OFFICE: <u>////////////////////////////////////</u>       |                                   |                                      |           |                 |          |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                 |                                   |                                      |           |                 |          |
| APPROVED:   |                                   |                                      |           |                 |          |
| $\Delta = \Delta = \Delta$                                |                                   |                                      |           |                 |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B